VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
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Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
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July 12, 2012

Ms. Rose Cleveland, Administrator
The Lodge at Shelburne Bay
185 Pine Haven Shores Road
Shelburne, VT 05482

Provider #: 1009

Dear Ms. Cleveland:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **June 18, 2012.** Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN, MS
Licensing Chief

PC:ne

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1009	A. BUILDING _____ B. WING _____	C 06/18/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE AT SHELBURNE BAY	185 PINE HAVEN SHORES ROAD SHELBURNE, VT 05482

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site complaint investigation of a self-report was conducted on 6/18/2012 by the Division of Licensing and Protection. There was a regulatory deficiency identified as a result of this investigation.	R100		
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on record review and observation the facility failed to assure the development of a written plan of care for one resident (Resident #1) based on needs and which describes the care and services necessary for well-being. Findings include: Per record review, Resident #1 has experienced an increase in aggressive and combative behaviors both at the facility and when attending Adult Day Services (ADS). The behaviors exhibited at the facility occurred at meal time either in the Dining Room or on the way to the Dining Room. The resident now dines in the second floor dining area which is on the same floor as his apartment. Additionally he is seated at a table with all ladies since he is not aggressive with women.	R145	See attached Plan of Correction	

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R145	Continued From page 1 In mid-April the ADS provider requested that Resident #1 no longer attend due to his behaviors. When the resident stopped attending ADS the family entered an agreement with the facility for extended 1:1 services, which the family pays for. These services are provided five or more hours a day for socialization and activities. In an interview the resident's wife stated that she believed that he became aggressive when faced with the possibility of another male being rude to women or when asked to make decisions. In interview on 6/18/12 at 2:45 PM the floor nurse and the Nurse Manager for the facility both stated that since the changes there have been no further incidents. In a review of the resident's Care Plan the new strategies for dining and the new 1:1 service were not on the care plan nor was the fact that the resident had stopped attending ADS. These findings were confirmed with the Nurse Manager during the interview.	R145		

Plan of correction for Shelburne Bay Senior Living

The Division of Licensing and Protection unannounced complaint investigation completed June 18, 2012.

R145 V. RESIDENT CARE AND HOME SERVICES

5.9.c (2)

Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well being.

The REQUIRMENT is not met as evidenced by:

"Record review and observation the facility failed to assure the development of a written plan of care for one resident (Resident #1) based on needs and which describe the care and services necessary for well-being. Findings include:

Per record review, Resident #1 has experienced an increase in aggressive and combative behaviors both at the facility and when attending Adult Day Services (ADS). the behaviors exhibited at the facility occurred at meal time either in the Dining Room or on the way to the Dining Room. The resident now dines in the second floor dining area which is on the same floor as his apartment. Additionally he is seated at a table with all ladies since he is not aggressive with women.

In Mid April the ADS provider requested that Resident #1 no longer attend due to his behaviors. When the resident stopped attending ADS the family entered an agreement with the facility for 1:1 services, which the family pays for. Theses services are provided five or more hours a day for socialization and activities. In an interview, the resident's wife stated that she believed that he became aggressive when faced with the possibility of another male being rude to another woman or when asked to make decisions.

In interview on 6/18/12 at 2:45 PM the floor nurse and the Nurse Manager for the facility both stated that since the changes there have been no additional incidents. In a review of the resident's Care Plan the new strategies for dining and the new 1:1 service were not on the care plan nor was the fact that the resident had stopped attending ADS."

ACTION TAKEN TO CORRECT DEFICIENCY:

Resident#1 care plan was immediately updated to reflect the new strategy for dining and also to reflect the new 1:1 service. (Copy of updated Care Plan attached.

WHAT MEASURES WILL BE PUT IN PLACE TO ENSURE THE DEFICIENT PRACTICE DOES NOT RECUR:

Care planning and the importance of making timely updates was reviewed with the nursing staff during a nursing meeting on June 20th, 2012.

HOW CORRECTIVE ACTION WILL BE MONITORED SO THE DEFICIENT PRACTICE DOES NOT RECUR:

Monthly and random audits will be completed where the monthly notes are reviewed and compared to the current care plan for any missed updates.

THE DATE CORRECTIVE ACTION WILL BE COMPLETED:

This corrective action is complete, (as of 6/20/12), the audits will be ongoing.

R145 POC accepted 7/12/12 mHiggins RN/PMC